|                          |   | ORDER FOR                       | SUPPLIES               | AND S         | ERVIC  | ES                    |                   | PAGI          | ≣  | OF PAGES                |  |  |  |
|--------------------------|---|---------------------------------|------------------------|---------------|--|-----------------------|-------------------|---------------|--|-------------------------|--|--|--|
| IMPORTANT:               | Mark all pa                                   | ckages and papers wi            | th contract and/o      | r order nu    | umbers.  |                       |                   |               |  |                         |  |  |  |
| 1. DATE OF O             |   | 2. CONTRACT                     |                        |               | 6. SHIP TO: a. NAME OF CONSIGNEE   |                       |                   |               |  |                         |  |  |  |
| 3. ORDER NO              | ).  | 4. REQUISITION                  | N/REFERENCE N          |               | CTDEET   | ADDDEC                |                   |               |  |                         |  |  |  |
| 5. ISSUING O             | 5. ISSUING OFFICE (Address correspondence to) |                                 |                        |               |  |                       | b. STREET ADDRESS |               |  |                         |  |  |  |
|                          | , , ,   |                                 |                        |               |  | c. CITY               |                   |               | d. STATE e. ZIP CODE   |                         |  |  |  |
|                          |   | 7. TO:                          |                        | f.            | SHIP VIA   |                       |                   | •             |  |                         |  |  |  |
| a. NAME OF C             | CONTRACTO                                     | DR .                            |                        |               | 8. TYPE OF ORDER   |                       |                   |               |  |                         |  |  |  |
| b. COMPANY               | b. COMPANY NAME                               |                                 |                        |               |  | a. PURCHASE           |                   |               |  |                         |  |  |  |
| c. STREET AD             | DDRESS  |                                 |                        | RI<br>Pl      | EFERENC<br>ease furni  | E YOUR:_<br>sh the fo | llowing on the    | reverse,      | this del   | ivery order is          |  |  |  |
| d. CITY                  |   | e. STATE                        | f. ZIP CODE            | sn            | REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated. |                       |                   |               | contained on this side only of<br>this form and is issued subject<br>to the terms and conditions of<br>the above- numbered contract. |                         |  |  |  |
| 9. ACCOUNTI              | NG AND AP                                     | PROPRIATION DATA                |                        | 1             | 0. REQUIS  | SITIONING             | OFFICE            |               |  |                         |  |  |  |
|                          |   |                                 |                        |               |  |                       |                   |               |  |                         |  |  |  |
| 11 BUSINESS              | S CLASSIFIC                                   | CATION (Check approp            | riate hov(es))         |               |  |                       |                   |               |  |                         |  |  |  |
|                          |   | b. OTHER T                      | • • • •                |               | □ c.   | DISADVA               | NTAGED            |               | d. WO  | OMEN-OWNED              |  |  |  |
| 12. F.O.B. PO            | 12. F.O.B. POINT 14. GOVERNMENT               |                                 |                        |               | /L NO. 15. DELIVER TO F.O.B. POINT 16. DISCOUNT T ON OR BEFORE (Date)  |                       |                   |               |  | INT TERMS               |  |  |  |
|                          | 13. PLACE                                     | OF                              |                        |               |  |                       |                   |               |  |                         |  |  |  |
| a. INSPECTIO             | N   | b. ACCEPTANCE                   |                        |               |  |                       |                   |               |  |                         |  |  |  |
|                          |   |                                 | 17. SCHEDU             | II F (See r   | reverse for  | Rejections            | )                 |               |  |                         |  |  |  |
| ITEM                     |   |                                 |                        | QUANTIT       | . l  |                       |                   |               |  | QUANTITY                |  |  |  |
| NO.<br>(a)               | SUPPLIES OR SERVICES (b)                      |                                 |                        | ORDERE<br>(c) | D UNIT   | UNI                   | UNIT PRICE<br>(e) | AMOUNT<br>(f) |  | ACCEPTED<br>(g)         |  |  |  |
|                          |   |                                 |                        |               |  |                       |                   |               |  |                         |  |  |  |
|                          |   |                                 |                        |               |  |                       |                   |               |  |                         |  |  |  |
|                          |   |                                 |                        |               |  |                       |                   |               |  |                         |  |  |  |
|                          |   |                                 |                        |               |  |                       |                   |               |  |                         |  |  |  |
|                          |   |                                 |                        |               |  |                       |                   |               |  |                         |  |  |  |
|                          |   |                                 |                        |               |  |                       |                   |               |  |                         |  |  |  |
|                          |   |                                 |                        |               |  |                       |                   |               |  |                         |  |  |  |
|                          |   |                                 |                        |               |  |                       |                   |               |  |                         |  |  |  |
|                          | 18. SHII                                      | PPING POINT                     | 19. GROSS SH<br>WEIGHT | HIPPING       | 20.  | INVOICE               | NO.               |               |  |                         |  |  |  |
|                          |   |                                 | 21. MAIL INVOICE TO:   |               |  |                       |                   |               |  | 17(h) TOT.<br>(Cont.    |  |  |  |
| SEE BILLING              | 1   | E                               |                        |               |  |                       |                   |               |  | pages)                  |  |  |  |
| ISTRUCTION<br>ON REVERSE |   | b. STREET ADDRESS (or P.O. Box) |                        |               |  |                       |                   |               |  | 17(i)                   |  |  |  |
|                          | c. CITY                                       |                                 |                        |               | d. ST.   | ATE e.                | ZIP CODE          |               |  | 17(i)<br>GRAND<br>TOTAL |  |  |  |
| 22. UNITE                |   |                                 |                        |               |  | <b>I</b>              | 23. NAME (        | Typed)        |  |                         |  |  |  |
| AMER                     | RICA BY (                                     | Signature)                      |                        |               |  |                       | TITLE: CO         | NITDACTINI    |  | DING OFFICER            |  |  |  |

| SUPPLEMENTAL INVOICING INFORMATION  |   |              |               |        |   |                      |  |  |  |  |  |
|---|---|--------------|---------------|--------|---|----------------------|--|--|--|--|--|
| If desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's invoice instead of a separate invoice, provided the following statement, (signed and dated) is on (or attached to) the order: "Payment is requested in the amount of \$ No other invoice will be submitted." However, if the Contractor wishes to submit an invoice, the following information must be provided: contract number (if any), order number, item number(s), description of supplies or service, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the invoice. Where shipping costs exceed \$10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged. |   |              |               |        |   |                      |  |  |  |  |  |
| RECEIVING REPORT  |   |              |               |        |   |                      |  |  |  |  |  |
| Quantity in the "Quantity Accepted" column on the face of this order has been:   inspected, accepted, received by me and conforms to contract. Items listed below have been rejected for the reason indicated:  |   |              |               |        |   |                      |  |  |  |  |  |
| by me and cor   | by me and conforms to contract. Items listed below have been rejected for the reason indicated:  DATE RECEIVED   SIGNATURE OF AUTHORIZED U.S. GOV'T REP.   DATE |              |               |        |   |                      |  |  |  |  |  |
| SHIPMEN   | FINAL   |              | DATE RECEIVED | SIGNA  | NATURE OF AUTHORIZED U.S. GOV'T REP. DATE |                      |  |  |  |  |  |
| TOTAL CONT  | AINERS  | GROSS WEIGHT | RECEIVED AT   | TITLE  |   |                      |  |  |  |  |  |
|   |   | ı            | REPORT OF I   | REJECT | TIONS                                     |                      |  |  |  |  |  |
| ITEM NO.  |   |              |               | UNIT   | QUANTITY<br>REJECTED                      | REASON FOR REJECTION |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   |                      |  |  |  |  |  |
|   |   |              |               |        |   | I                    |  |  |  |  |  |